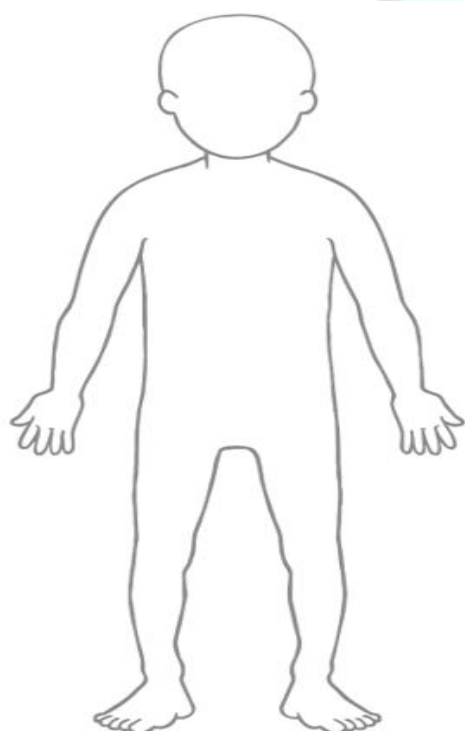


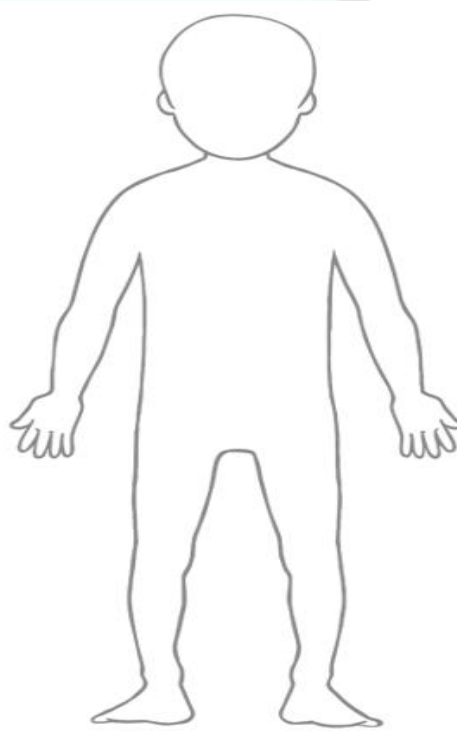
Existing Injury Form

Parent/Carer to complete when a child attends Preschool with a pre-existing injury or mark.

Name of Child:	
Date of Injury:	
Detail of how injury occurred:	
Injury details and location:	
Treatment or Medical aid sought:	



Front



Back



	NAME	SIGNATURE	DATE
Parent/Carer			
Staff Member			
DSL/DDSL			